United Nations E/ICEF/2000/P/L.43

Economic and Social Council

Distr.: Limited
13 July 2000

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2000
18-20 September 2000
Item 3 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Oman

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Oman with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $1,500,000 from regular resources, subject to the availability of funds, and $1,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2003.

* E/ICEF/2000/14

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

00-54729 (E) 280800

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.2
U5MR (per 1,000 live births)	18
IMR (per 1,000 live births)	15
Underweight (% moderate and severe) (1995)	23
Maternal mortality rate (per 100,000 live births)	19
Literacy (% male/female) (1996)	79/57
Primary school enrolment (% net, male/female) (1997)	86/86
Primary school children reaching grade 5 (%)	95
Access to safe water (%) (1993)	85
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	*
One-year-olds fully immunized against:	
Tuberculosis	96 per cent
Diphtheria/pertussis/tetanus	100 per cent
Measles	98 per cent
Poliomyelitis	100 per cent
Pregnant women immunized against tetanus	96 per cent

* Estimated range $3,031 to $9,360.

The situation of children and women

1. Oman is a large, sparsely populated country, with only seven persons per square kilometre. Over the last three decades, the country has made remarkable socio-economic progress as a result of sustained national commitment, the wise use of its oil income, and extensive use of expatriate expertise and labour. Expatriates account for 26 per cent of the country's population of 2.3 million, with a higher proportion employed in the social sectors. Therefore, human resource development to reduce high dependence on expatriates is a key national concern.

2. Oman has achieved most of the goals of the World Summit for Children, including significant reduction in infant mortality rates (IMR) and under-five mortality rates (U5MR), high immunization coverage, elimination of neonatal tetanus, a polio-free status since 1994, and high coverage in basic education. Other achievements include the wide expansion of the social service infrastructure and social security system. Over 90 per cent of births are attended in health facilities, and over 90 per cent of pregnant women have at least one antenatal check-up. Starting from a virtual zero base in 1970, the national education system has expanded to high levels of basic education coverage with virtually no gender gap.

3. These impressive gains tend to mask the needs and emerging challenges facing Oman's children and women, especially those linked to knowledge and behavioural changes. Tackling such issues is likely to be more complex and demanding than the largely service delivery efforts that have achieved many goals for children and women in the past. Malnutrition affects one quarter of children under five years of age and remains an overriding national concern. Child-care practices in the home are the main contributing factor, as shown by a 1999 Ministry of Health-UNICEF assessment. Pre-school services cover only some 8 per cent (1998) of this age group. Despite progress in reducing micronutrient deficiencies, one third of pregnant women and one fifth of children under five still suffer from iron-deficiency anaemia, some 39 per cent of breastfeeding mothers have vitamin A deficiency (1997), and an estimated 10 per cent of schoolchildren suffer from mild to moderate iodine deficiency disorders, including goitre. Congenital malformations and intra-uterine growth retardation were the two principal causes of death in 1998 among

children under five. Disability is a concern among those who survive: estimates of disabled children range up to 62,000, with 10 per cent of these severely disabled. A contributing factor may be the high rate of consanguineous marriages (54 per cent). Educational services and options for disabled children are very limited.

4. With continuing expansion of school services, questions regarding the quality and efficiency of education are coming to the fore, with the need being felt to improve teaching and pre-school programmes, and to involve parents to a greater extent. Monitoring Learning Achievement (MLA) studies conducted by the Government have consistently identified low achievement, and have noted differences between private and public, and urban and rural schools. In higher grades, school enrolment rates drop sharply; government statistics show that only two in five children of secondary school age complete school. To address these concerns, the Government launched a Basic Education Reform Programme in 1998.

5. Recent years have seen several advances for Omani women, including the right to vote and stand for elections, although ratification of the Convention on the Elimination of All Forms of Discrimination against Women is still under consideration. Oman's total fertility rate — previously among the highest in the region — has declined dramatically, from 7.8 to 4.8 from 1993 to 1998. This is attributed to girls staying in school longer and marrying at a later age, and to the implementation of a national birth-spacing programme. However, gender disparities, such as higher female adult illiteracy, lower access to information and decision-making, and lower economic and management levels, persist.

6. Young people offer a tremendous potential for the country's future progress, and the Government is keen to channel this potential into national development activities. Efforts to increase employment options for youth have been accelerated, and planning is under way to prevent emerging problems related to such lifestyle issues as smoking, drug addiction and vandalism. The incidence of HIV/AIDS is low, but noting the risk factors, the Government has stepped up awareness and counselling for youth.

7. The World Health Organization (WHO) is the only other United Nations agency with an in-country presence, although some United Nations agencies provide technical support through their regional offices in Beirut and Amman. There are no bilateral aid agencies or international non-governmental organizations (NGOs) operating in the country, but some embassies provide development assistance, mostly in the economic sector.

Programme cooperation, 1997-2000

8. Considerable progress was made towards achievement of national goals for children, with the UNICEF contribution comprising primarily technical support, advocacy and strategic use of studies and assessments. The health programme contributed to training and raising awareness of such priorities as birth-spacing, healthful lifestyles for youth, childhood disabilities, and consanguinity. An assessment of perinatal and neonatal mortality identified priorities for further reduction of IMR; drew attention to subnational disparities; and led to the issuance of the 1999 Civil Registration Decree and to a Ministry of Health survey to verify and analyse existing records. An assessment of services for disabled children highlighted the needs and required actions. The nutrition programme expanded community-based growth monitoring from one region in 1996 to seven in 1998, reaching 187 villages. Through this programme, UNICEF made crucial contributions to the community empowerment process, training over 2,500 women volunteers from Community Support Groups (CSGs), who now form a nationwide network for channelling other health and nutrition information. UNICEF-supported research led to positive national policies on micronutrients, which resulted in reduced levels of anaemia among pregnant women (from 49 to 37 per cent from 1996 to 1998); increased levels of iodized salt consumption (from 35 to 60 per cent from 1996 to 1998); and near-universal vitamin A supplementation for children and post-partum mothers. UNICEF support was also crucial in sustaining the Baby-Friendly Hospital Initiative and the Complementary Feeding Initiative in all public health facilities; and in the issuance of the Omani Code for Regulation of the Marketing of Breast Milk Substitutes.

9. The education programme provided critical technical assistance for basic education reform in terms of curriculum development and the implementation of the MLA initiative for grades 6 and 9. The Education

Management Information System (EMIS) was reinforced and introduced in 9 out of 10 regions. Support was also given to developing a curriculum guide for pre-school teachers and preparing the national Education for All 2000 report. UNICEF support led to follow-up at the national level of the Fourth World Conference on Women; the submission of the country's first report to the Committee on the Rights of the Child; and strengthened national capacity in social analysis and planning. Overall, UNICEF support contributed substantially to communication and training materials used in social sector programmes.

Lessons learned from past cooperation

10. Lack of a clear distinction between national goals and the goals and objectives of the UNICEF programme of cooperation put an undue burden of responsibility on the country programme. A number of overly ambitious objectives had been set with regard to behaviour change and knowledge acquisition, in some cases without consideration of baselines and data on knowledge, attitudes and practices (KAP). This constrained both the measurement of results that could be attributed to UNICEF cooperation and the design of effective communication strategies. Experience also showed that UNICEF had taken on too many activities, which exerted tremendous pressure on the office. The programme will therefore need to focus on areas where it can have the greatest impact, such as in developing guidelines and models for wider-scale replication by the Government.

11. Overall, past programme experience has confirmed the Government of Oman's commitment to national development and children, and its willingness to tackle any social or human issue, given concrete evidence of the need. This augurs well for the new form of cooperation, which will require increased in-country resource mobilization to compensate for the gradual phasing out of UNICEF regular resources. Key constraints for the new form of cooperation include the sectoral approach of implementing partners, the weakness of the non-governmental sector, and the private sector's weak involvement in the social sectors.

Country programme preparation process

12. In line with Executive Board decision 1997/18 – modified system for allocation of general resources for programmes (E/ICEF/1997/12/Rev.1) — for countries reaching a combined threshold of $2,895 in gross national product (GNP) per capita and U5MR of less than 30 per 1,000 live births, UNICEF regular resources will gradually be phased out in Oman, beginning with the 2001-2003 country programme. Planning for this new approach started after the mid-term review, with the reduction of UNICEF staff, and dialogue with the Government on the possibilities for increased resource mobilization within the country. The new programme has been developed through a series of strategy meetings with national partners at central and subnational levels, and supported by consultations with the regional office. Regular interaction has been maintained between UNICEF and WHO on issues of common concern.

Country programme goals and objectives

13. The country programme aims to sustain past gains and keep children's and women's concerns high on the national agenda. The proposed programme will support the optimum realization of the principles of the Convention on the Rights of the Child for all Omani children, focusing on the goals that remain to be achieved in the areas of early childhood care, nutrition, education quality, youth and gender, and disabled children.

Relation to national and international priorities

14. The programme preparation benefited from a linkage with the concurrent Government planning exercise to formulate the next National Five-Year Development Plan, and from consultations with visiting experts of other United Nations agencies.

Recommended programme cooperation, 2001-2003

Estimated annual expenditure

(In thousands of United States dollars)

	2001	2002	2003	Total
Regular resources				
Trends monitoring	60	50	70	180
National policy and programme development	185	122	70	377
Nutrition and early childhood care	200	170	140	510
Partnerships and communication	90	80	50	220
Cross-sectoral costs	65	68	70	203
Subtotal	**600**	**500**	**400**	**1 500**
Other resources				
Trends monitoring	50	50	70	170
National policy and programme development	100	175	240	515
Nutrition and early childhood care	75	175	240	490
Partnerships and communication	75	100	150	325
Subtotal	**300**	**500**	**700**	**1 500**
Total	**900**	**1 000**	**1 100**	**3 000**

Programme strategy

15. Overall, strong emphasis will be put on support to national human resource development. The future role of UNICEF in the country will be a catalytic one, steering away from service delivery and focusing more on advocacy, provision of selective high-quality technical inputs, and monitoring the situation of children and women. The country programme will comprise four programmes: the first two will provide support in health, education and protection to national institutions, programmes and policies, through capacity-building, technical support and advocacy based on data, studies and evaluations; the third will aim to reduce protein energy malnutrition and improve early childhood care through empowerment and capacity-building strategies that demonstrate the value of community-based approaches, and through the use of such models to influence policies and programmes at national level; and the fourth will provide advocacy and communication support.

16. The *trends monitoring programme* aims to develop effective systems for monitoring the situation of children and women, as well as the implementation of the Convention on the Rights of the Child in Oman. Sectoral ministries currently have data on different sets of indicators, but no institution has a regularly updated, comprehensive information database on children. The "Omani Child Database" project thus aims to establish an intersectoral database on Omani children and women. UNICEF technical support will help to assess the data situation, develop a harmonized list of indicators linked to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against women, strengthen institutional mechanisms, and support studies and research, especially on emerging issues. An annual "State of the Omani Child" report will serve as the main monitoring and advocacy tool. The second project in this programme will assist the Government in reporting on the implementation of the Convention on the Rights of the Child, through technical assistance to the National Committee for Child Rights and the

review and design of legal provisions for children. If the Convention on the Elimination of All Forms of Discrimination against Women is ratified, the project will be extended to provide support to its follow-up.

17. *National policy and programme development* will support the formulation and implementation of national policies and plans in health, education and protection, mainly through technical inputs and policy dialogue grounded in knowledge and research. It comprises three projects.

18. The health project will aim to ensure the quality of services required to sustain achievements in the health sector through identifying subnational disparities and highlighting emerging issues that need government action; supporting research and information dissemination, including on new technologies; providing technical inputs to national planning processes, including the development of guidelines for subnational primary health care committees; and monitoring the quality of immunization services over the next few years, in view of the increasing influx of young Omani nationals in health facilities.

19. The quality education project will strengthen the elements that lead to key improvements in primary schools. Technical expertise will be provided to the following: periodic assessment of the MLA and EMIS initiatives at the subnational level; training of teachers in the application of Oman's new national curriculum and student-centred teaching and learning techniques; and development of health education components in primary school curriculum and teacher training modules. In selected regions, UNICEF will assist training and orientation of newly established parent-teacher associations. Such interventions will be documented and used to develop guidelines for a more systematic and nationwide approach to parental involvement and classroom interaction.

20. The child protection project aims to promote better services for children needing special attention. This will be done through: supporting baseline surveys and the development of a comprehensive policy on disabled children; training master trainers in screening for disability at health facilities; upgrading the skills of volunteers who run community-based rehabilitation centres for disabled children; and promoting the mainstreaming of physically disabled children into schools, including a review of issues such as physical access, teacher orientation and training.

21. The *nutrition and early childhood care programme* will contribute to the national goals of reducing malnutrition by half among children under three years of age, eliminating iodine deficiency disorders and vitamin A deficiencies, and reducing iron deficiency anaemia from 37 to 30 per cent by the year 2003. The findings of nutrition-related studies currently under way will define the geographic scope of the project. The project on reduction of malnutrition will promote the application of community, school and family-based approaches in tackling child malnutrition. This will be done through documentation of successful community-based nutrition experiences; surveys to obtain data on KAP, dietary intake of households, and the nutritional status of children in selected regions and communities; and the use of survey findings to strengthen advocacy and plan interventions selectively through CSGs and other participatory approaches. The micronutrients project will monitor the Government's ongoing flour fortification and salt iodization initiatives, and support communication activities to increase public demand for iodized salt. UNICEF will participate in regional advocacy efforts with relevant organizations and producers in neighbouring countries to address the issue of importation of non-iodized salt.

22. The project on early childhood care for survival, growth and development aims to enhance options for infant and young child care and stimulation. The project will support the training of pre-school teachers in the application of the 1998 pre-school curriculum jointly produced by the Ministry of Education and UNICEF; the development of guidelines and standard child-care principles for community pre-schools; the incorporation of better parenting concepts into relevant government training programmes; and the design of nationwide media messages on better parenting, addressed to both men and women.

23. The *partnerships and communication programme* comprises three projects. The first, promoting child rights and gender issues, will use data obtained from the trends monitoring programme to promote the implementation of the Convention on the Rights of the Child; support training and orientation on the principles of the Convention on the Elimination of All Forms of Discrimination against Women and their application; and assist the Omani Women's Associations to better manage women- and child-

focused initiatives. The second, the youth project, will aim to expand access to information and learning options for post-primary-school-age children and youth, and to harness their potential for community participatory activities. This will be done through providing life skills orientation for youth that encourage positive attitudes related to work ethics, civic awareness, gender relations and responsible adulthood; and through developing a comprehensive national framework for the participation of youth, including disabled youth, in the national development process. Priorities will be determined through research and dialogue with youth in seminars and participatory forums. The third project, capacity-building for communication, aims to build national institutional capacity in communication skills for behaviour change in key areas, through supporting the training of media professionals in communication approaches, organizing communication planning and coordination workshops, and facilitating information and experience exchanges with other countries in the region.

Monitoring and evaluation

24. Monitoring and evaluation are pivotal elements in the success of the country programme. To effectively coordinate the many surveys, studies and evaluations that are part of the programme design, an integrated monitoring and evaluation plan will be developed and implemented, with updates to the plan each year following the annual reviews. Oman is a relatively data-rich country: baseline data already exist on several key indicators for children. Other indicators, such as those on behaviour and attitudes and those for measuring community-based initiatives, will be further developed and monitored.

Collaboration with partners

25. The Ministry of Social Affairs, Labour and Vocational Training, Ministry of Health, Ministry of Education, Ministry of National Economy, Ministry of Information, Ministry of Justice and other relevant ministries will be key partners in the pursuit of the objectives of the programme of cooperation. The General Organization of Youth, Sports and Cultural Affairs, the National Organization of Scouts and Guides, the Omani Women's Associations and community-based groups such as CSGs and volunteers running community-based rehabilitation centres will play an important role in programme implementation.

Programme management

26. The strength of the technical capacity of the UNICEF office will be a critical factor in the leverage of government and private sector resources for the programme, which in turn will determine the final scope, mix and phasing of programme activities. After staff cuts in 1999, the programme team now comprises three professionals, including the representative. This is the minimum needed for the programme to function effectively. Additional expertise for high-level technical inputs, which are an integral part of achieving programme success, will be provided through recognized experts from regional and international centres of excellence and other United Nations agencies. Support from regular resources to Oman will be gradually reduced, in accordance with Executive Board decision 1997/18. Dialogue is under way and possibilities are being explored for the evolution of a new style of partnership, where the decline in regular resources will be compensated by: (a) government funds in the form of higher levels of cost-sharing of selected programme components; (b) secondment of government staff to the UNICEF office; and (c) private sector fund-raising.